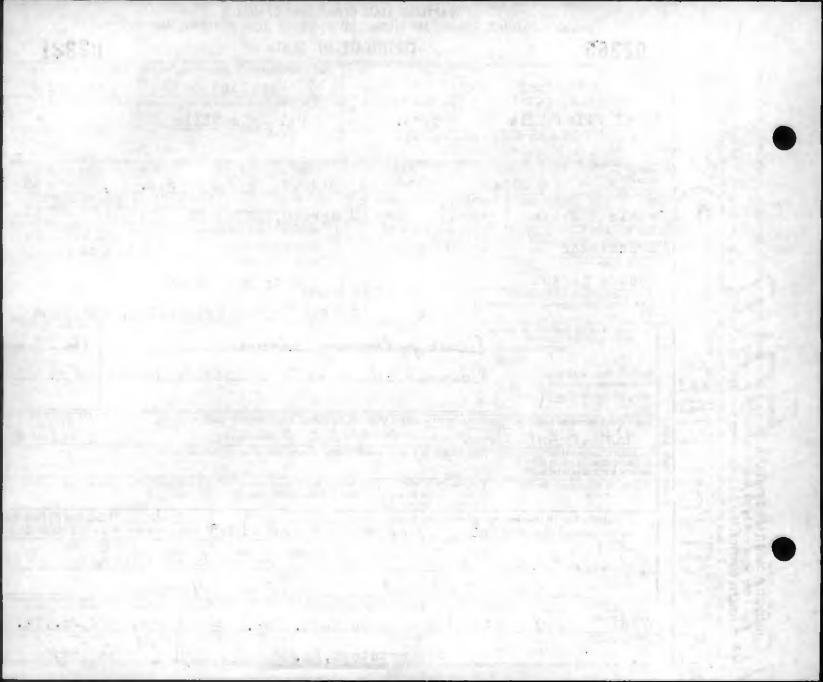
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ficat ysici ple al, a		13.	FATHER'S NAME	***************************************					R'S MAIDEN N					
ph ph nan			Joshua	Barton				1	Mary .	Ann	Jones			
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the h the h this detact		MEDICAL	1	URY Manth, Day, Year	20d. IN While at wark	JURY OCCURRED Nat While at work	20e. PLAC facto	E OF INJURY ery, street, af	(Hame, farm fice bldg., etc.)	, 20f	. (City or town)	(Co	iunty)	(State)
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R: A			saw the d	eceased alive an_	Felo	1966,	and that	death a	ccurred at	7:55	M, fram cause			
OR ATTEND be retained DIRECTOR: A ge 3 shauld led with the S			220 SIGNATURE	10-1	10.0	()		ATTENDI	ING —	MED.	STAFF		ATE SIGN	
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TO HOSPITAL OF Page 4 may be for Funeral Director, page shauld be filled by Table 1 and 1					Whiteh	Bed Sull).	•	220. F	Uhitof	low	Mary	en		
UNI Berto Buld		230	. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEN	METERY OR C	REMATORY			LOCATION (City or	,	(County)	
Page of spings			REMOVAL (Specifical Land)		1966	Fawn Gr	ove	Meth	Cem		wn Grov	re, You	ck O	o., Pa.
VR A15 (4)		N.	TUNERAL DIRECT	Pt. 7,1A).	1.1.	ADDRESS			2Sa. REC'L		1 2	REGISTRAR'S		t de a
20 M 1/66		/) lune	in a year	meren	Stewart	stow	n.Pa.	DATEB	14	1956	Charl	as to	wage



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02356CERTIFICATE OF DEATH funeral death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Pages 1 Maryland b. COUNTY Harford Harford MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b within 72 hours hours Churchville Havre de Grace 1 day Æ d. STREET ADDRESS 8. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Glenville Road Brevin Nursing Home NO 2 YES completely carbon 3. NAME OF DATE Month Middle Day Year DECEASED 19 66 event, February Nannia Blackburn DEATH Lee (Type or print) executed 6. COLOR OR RACE | 7. MARRIED ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last bight had a | Months | Days | Hours | Min. OATE OF BIRTH гетпоче NEVER MARRIED and any September 15 Famale Whi.to WIDOWED 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) Ξ. 12. CITIZEN OF WHAT 43 during most of working life, even if retired) INDUSTRY certificate. be and physica Honeycutt, North Carolina Housewife. Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal. attending primit. Then Jesephine Cole Charles Dewell 17. INFORMANT (Hasband) Ro4-605 diress R.F.D. 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 0 (Yes, no, or unknown) ((If yes give war or dates of service) death Mr. Felix O. Blackburn Aberdeen, Md. cremation. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN law requires that the ONSET AND DEATH gned by ial-transi PART I. OEATH WAS CAUSED BY: n signed burial-tran IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which been gave rise to immediate the c **OUE TO** cause (a), stating the has be as th prior underlying cause fast. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health PERFORMED? certificate YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) this certifidetached for Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) After the ld be de e State f factory, street, office bldg., etc.) Hour a.m. Not While at work D.M. at work 19 < C that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Age 3 should led with the 19 66 saw the deceased alive on 22b. DATE SICNEO 22a. SICNATURE page filed ATTENDING Feb. 3, 1966 OIRECTOR director, pa PAYSICIAN'S NAME (Type) 22d. ADDRESS Churchville, Harford Co., Maryland Ralph Horky. BURIAL, CREMATION. OATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Feb. 5.1966 Bel Air Memorial Gardens Bel Air. 25a. REC'O BY RECISTRAR | 25b. RECISTRAR'S SIGNATURE W. Broadway Bors Williams St. FUNERAL DIRECTOR Ludge Helianles DAFEEB Bel Air, Maryland 21014 VR A15 (4)

20M 1/65

Joseph William Foster

MARYLAND STATE DEPARTMENT OF HEALTH

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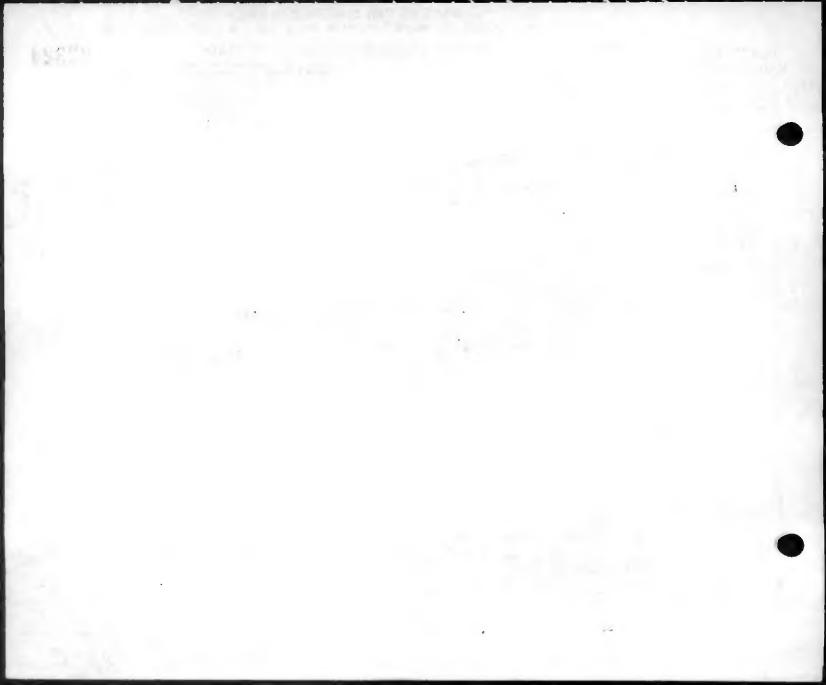
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e funeral 1 and ter detth		1.	PLACE OF DEATH a. COUNTY Harford MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if Institution: Res a. STATE MARYLAND MARYLAND	A CON
completely filled in by the ve carbon papers. Pages 1 event, within 72 hours after			b. CITY OR TOWN (if outside corporate limits, write RURAL e write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL e	nd give nearest town)
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letely ir	00	3.	NAME OF First Middle Last 4. DATE Month OF OF	Day Year
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al, al			FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	USA
the attending plant to permit. Then ation, or remova		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address so, no, or unknown) (If yes give war or dates of service) 215.03.3224 Dorathy 5 kz 665 B2	1 AIR
an. d by the alransit perrenation,			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Junior line (V)	INTERVAL BETWEEN ONSET AND DEATH
physici physici signed burial-t burial-t			Conditions, if any, which (b)	
ding ding ding bee the the			gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)	
t: the law (a) or atten (ficate has for use as Health pric	2	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
spit spit sert ed		CERTIF	20a. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
by the ho fter this be detach		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Not While at work at work at work at work	(State)
The A			21. I certify that (I) (this hospital) attended the deceased from 1- 1962 to 2 - 22-1960 saw the deceased alive on 2 - 21 1960, and that death occurred at 27 M, from the causes and on the	
ge ge			22a. SIGNATURE Levely & Palmer M.D. ATTENDING MED. STAFF 22b. DA M.D. PHYS. DIRECTOR PHYS. 22b. DA	24 -66
Per 2	1		22c. PHYSICIAN'S NAME (Type) Gey- 31d PP2 Mp 22d. ADDRESS BOLA in W	./
Page TO FUN direct should	0	23a	REMOVAL (Specify) 2-26-66 117+ Carvory Hber decin	0 111d
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page b. county ford is necessary, Maryland Harford MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. Have meerest town) Port Deposit, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? be retained 1, 2, and 3 to the funer Harford Memorial Hospital YES NO TO State 3 NAME OF M dala 4. DATE Month Year DECEASED OF BROWN 19 66 (Type or print) **ELANA** DEATH and 2 with the 72 hours after of 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX B. DATE OF BIRTH 19. AGE (n yeers IF UNDER 1 YEAR IF UNDER 24 HRS. may L lest birthdey) Months Days WIDOWED [female yrs. 10a. USUAL OCCUPATION [G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? In pencil in Item 18, Give Pages 1, 2 Office along with form-PM3, Page burial-transit permit. Elle name 1 done during most of working life, even if retired) Marvirad The pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elliott L. Barbara C. Maker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; 17. INFORMANT (Yes, no, or unknown) (If yes give wer or detes of service) Elliott L. Brown, Port Leporit, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Interstitial pneumonitis IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which {b]_ gave rise to immediate cause **DUE TO** (e), steting the underlying SE cause lest. cremation, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 16. 19. WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word YES X NO F Medical should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) 200. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Dev. Year should be forwarded to the Chi fectory, street, office bldg., etc.) Not While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy 🕅 Inspection Inquiry and in my opinion Undetermined manner death resulted from. Natural causes K Accident Suicide Homicide CHIEF MEDICAL EXAMINER | ACTUAL ASSISTANT MEDICAL EXAMINER & DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) 224. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) ö Elk Reck O 040 ADDRESS 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MEN funeral and 2 after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence-before admission) a. COUNTY Pages 1 a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. Pagi write RURAL and give nearest town) 24 hours de Ē d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? within tor d NOTE within ely carbon NAME OF DECEASED DATE Day Month OF DEATH et event, 519 (Type or print) OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 6. COLOR 8. DATE OF emove MARRIED last birthday) | Months | Days any 1903 WIDOWED DIVORCED Oct. 62 10a. USUAL OCCUPATION (G. ve kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 12. CITIZEN OF WHAT .⊆ 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.Govt.-retired Harford Co. U.S.A. Md. Supr. Munitions certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then Albert James Budnick Ella Gardener 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 Joppa, Md. (Yes, no, or unknwn) I (If yes give war or dates of service) death cremation, 1207 Mountain Rd Mrs. Jennie Budnick. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause pa True for (a). ial-transit PART I. DEATH WAS CAUSED BY:
| IMMEDIATE CAUSE (a) signed burial-tr DUEJO Cenditions, if any, which (b) been gave rise to immediate the l DUE TO cause (a), stating the as the underlying cause last. CERTIFICATION WAS AUTOPSY PART IN OTHER SIGNIFICANT CONDITIONS for use Health PERFORMED? certificate NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) d to After this cer I be detached State Dept. o MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) After on ould be the state of t Hour a.m. Not While p.m. at work 21. I certify that (!) (this hospital) aftended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at / 2 _M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page DIRECTOR PHYS TO FUNERAL director, pa should be fil HOSPITAL PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. 23d. REMOVAL (Specify) Trinity Lutheran Cemetery Joppa, Harford Burial Co. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Howard K. McComas & Son. Abingdon, Md. 21009 20M 1/65



USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) e. IS RESIDENCE ON A FARM? NOXX Month AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 HRS last blirthday) Months | Days | Hours | Min. Months Days 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address North East. Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in Pert 1 or Part 11 of Item 18.) 20f. (City or town) (County) (State) and that death occurred at 4 35M. from the causes and on the date stated above. DATE SIGNED Grace. Maryland 23d. LOCATION (City, town or county) (State) Cecil County, Maryland 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. North East.

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased (red, 1f institution: Residence before admission) a. COUNTY b. COUNTY s. Pages 1 hours after Harford the Harford MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Š Edgewood Arsenal ral Madonna Md.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Ξ Rural filled ir papers. in 72 ho d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Kirk Army Hospital, Aberdeen PG. Md. 13h2-A Grant Court NO X completely f executed within 3. NAME OF First Middie DATE DECEASED 19 66 Dierdorff Jr. (Type or print) February Beacher DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED Y NEVER MARRIED last birthday) rem Months Days WIDOWED Male White DIVORCED [April 1932 E 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) been signed by the attending physician the burial-transit permit. Then please is to burial, cremation, or removal, and in 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? US Army Denver, Colorado

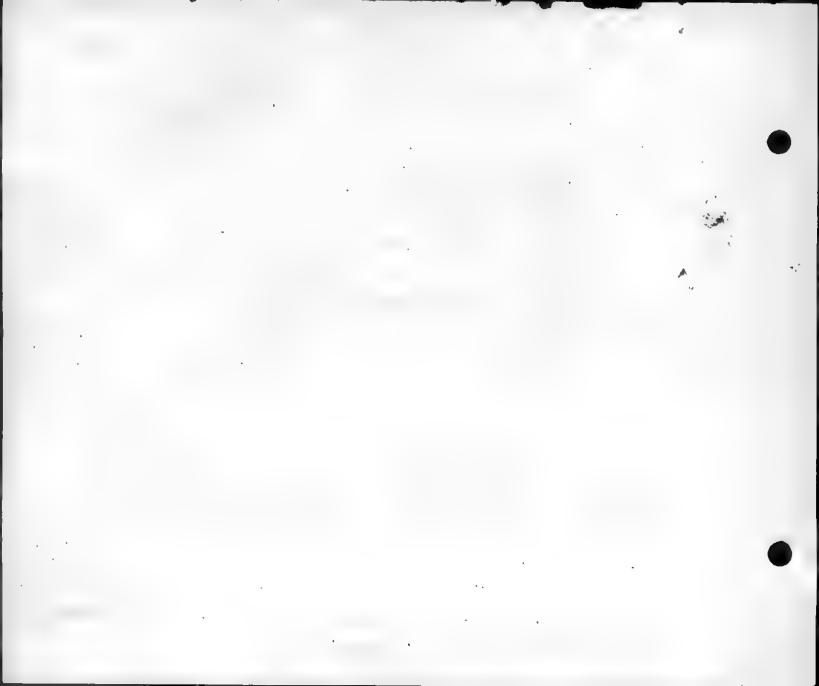
14. MOTHER'S MAIDEN NAME US Soldier 13. FATHER'S NAME H. Beecher Dierdorff Martha Prentice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 2Jun53-2Feb66 Yes 151-12-5809 Health and Service Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). TO HOSPITAL OR ATTENDING PRINCIPAL TO A MEN DE RETAINED by the hospital or attending physician. Immediate Burns 100% DUE TO Conditions, if any, which Multiple Fractures, Extremities, Cranium, Trunk Immediate gave rise to immediate as the prior to DUE TO cause (a), stating the Aircraft Accident Immediate underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hashed for use of the seatth potential to WAS AUTOPSY PERFORMED? YES X NO [20a. ACCIDENT WAS UNDERLYING MOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) this certifidetached for Dept. of F Pilot of Aircraft which crashed 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm. MEDICAL 20c. TIME OF INJURY Month, Day, Year After tillid be deta 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. 19 66 While Not While at work Harford Wooded Area Madonna Md. director, page 3 should should be filed with the 21. I certify that (I) (sinte-hospital) attended the deceased from 11 .00AM2Feb, 19.66, to DOA . 19 saw the deceased alive on ከስ 1966 and that death death control : 00M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR PHYSICIAN'S 22c. ADDRESS NAME (Type) S ANSPACH Capt. Kirk AH. Aberdeen PG. Md. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) West Point Cemetery West Point FUNERAL DIRECTOR 255. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 15M 4-64

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and 2 TO HOSPITAL OR ATTENDING ENYSICIAN: The law requires that the dest certificate be exampted within 24 Mours after death. Page 4 may be retained by the hospital or attending physician. and 2 and completely filled in by e carbon papers. Lag TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then pleased should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02373
CERTIFICATE OF DEATH

1.	PLACE OF GEATH a. CDUNTY 2	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission	1)
	Harrord. MARYLAND	8. STATE b. COUNTY HER FOR	
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	Have Per de - Frace 8 days	Warting Ton1	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d	1. STREET ADDRESS 0. IS RESIDENCE ON A FARM?	Ē
1	Hartord Memorial Hospital	R.F.DI. DEX 72. YES NOTE	1
3.		Last 4. DATE Month Oay Year	-
	(Type or print) Degnehe (Live)	UNSC71 DEATH 2 12 1966	
5,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. last birthday) Months Oays Hours Min.	
10	CMALE COL. WIDOWED OIVORCED C	Weg 1, 1107 6/ 418. 6 11	
10a dur	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR uring most of working life, even if retired) NDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
	Unemployed. Komestic	HEW FORK . U.S.A.	
13.	13. FATHER'S NAME	4. MOTHER'S MAIOEN NAME	
15	WILLIAM, JUNISEM	FORMAN Address	_
(Yi	Yes, no, or unknwn) (If yes give war or dates of service)	FORMANT Address	
_	ns 217-22-1556 (nai	ales III Mach. Hephen	=
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN OUSET AND DEATH	
	IMMEDIATE CAUSE (6) - COTT CILL C. C++C	Convienceion Saare	-
П	Conditions, If any, which) OUE TO ATTENDED	is Constructing a read (17)	
	gave rise to Immediate	C (unity out the 4.)	-
	cause (a), stating the OUE TD Lacaste underlying cause last.	> '	
NO.	PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY	Ē
CATI	This of a distill tours which are	Ship to be child to their T YES NO NO	T.
TIE	20a. ACCIDENT WAS UNDERLYING 7 20b. DESCRIBE HOW INJURY DECURRE	ED. (Enter nature of Injury In Part 4 or Part II of Item 18.)	The .
CERT	20a. ACCIDENT WAS UNDERLYING 1 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
EDICAL	20c. TIME DE INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 20f. (City or town) (County) (State)	_
WEDI	Hour a.m. P.m. 19 While Not White at work at work	Street, tales sing., etc.)	
-	21. I certify that (I) (this hospital) attended the deceased from	15 1966 to 2/12; 1966 that (1) (we) las	st
	saw the deceased alive on 3 //2 /19 06, and that de	eath occurred at 93 FM, from the causes and on the date stated above	e.
	22a. SIGNATURE	ATTENOING MED. STAFF	
-		PHYS. DIRECTOR PHYS / C / CE	-
	NAME (Type) I THE THE THE PROPERTY OF THE PROP	220. ADDRESS INC de Expace Ind.	
	38. BURIAL CREMATION.I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		-
238	REMOVAL (Specify)	e G.M.E. Com Rocks, Horford C. Md.	
24	24. EUNERAL OIRECTOR AOORESS AOORESS	258. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-
3	Fly Sky Mark Haved Synes	and refer to the min on Judge	
1	Court of the	T UAPE A M	=

VR AIS (4) 20M 1/65



Page 4 may Le retained by the Lospital or attending physician.

TO LINERAL LIRECTOR: After this certificate has been signed by the attending lysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove garbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOSPITAL OR ATTENDING PHYSICAN: The law raquings that the death certificate by executed within 24 mors after death.

Page 4 may be retained by the Tospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12331

A	1	item that the state of the stat
B	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY c. COUNTY
1		a. COUNTY HOR FOR d. MARYLAND a. STATE MA b. COUNTY HOR FOR d.
	_	p. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	1	write RURAL and give nonrest town)
	-/-	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, glue street address) d. STREET ADDRESS (c)
4	1	Pan I and Manual Manual Market Common Region of Schuckskill UNA PARMIT
	V.	CUNICIA MITMORIAL TIOSPIAL IIII. D# ZGOKOZO YES NOL
	3.	NAME OF DECEASED First Middle Last 4. DATE Month Day Year
		(Type or print) (E) a MONROE (20WARDS DEATH 2 23 1966
	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	1	MLE WHITE WIDOWED DIVORCED DEC. 25, 1879 86 yrs. Months Days Hours Min.
	10a	MSJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	our	negrost of working life, ever if retired) INDUSTRY SCULTURE Alleghange, WEST Wirefull 12 U.S. H.
	13.	FATHER'S NAME Q 14. MOJHER'S MAIDEN NAME
		LYOUNG COCHUMPEDS CLERK FORM.
		I in in newanth (11 les face an acres at service)
		NO 219-36-0470 Mrs. LAUrine E. Brewer Bel Ain md. 21014
	1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
		PART 1. DEATH WAS CAUSED BY: /// LEA TTALE (a. of Arrestate Muconth.
		177 X DUE TO 1 -6.
		Conditions, If any, which m Attling Cart in mya of prostute 2 Hears
		gave rise to immediate pure (a) stating the DUE TO
		tous (a), security and
	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	AT	PERFORMED?
4	FICAT	C. J. S. C. V. D. and C. Henrick J 3 parties of left wim. YES NO
	CERTI	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part (or Part/II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
i	MEDICAL	20c. TIME OP NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MED	Hour a.m. While Not White at work at work
		21. I certify that (I) (this hospital) attended the deceased from 2/9, 1966 to 2/25, 1966 that (I) (we) last
	li	saw the deceased alive on 19 (2) and that death occurred at 12 M, from the causes and on the date stated/above.
		22a. SIGNATURE / / J. J. DATE S/GNED /
1		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR D
/		22c, PHYSICIAN'S 22d, ADDRESS
		NAME (Type) Edunal Choc, Min + Cline. Che Livaci Mid.
	23a	BURIAR, CREMATION, 23B. DATE CHEREOF 25C. NAME OF CEMETER DE PREMATORY / CA BLO COEMENLOW AT COMP.
		REMOVAL (Specify)
		EINEDAL DIDECTOR
(West prophyse this pms
1		DOSEPH William Foster BELAIT, Manyland 21014- DAVE AR 2 1856 Milliamles Judge.
		Jufe toblen fater

VR AIS (4)



HEALTH DEPT

Department after death. tunera the EXAMINER: This certificate should be executed within 24 hours " in pencil in l Examiner's Of 40 execute the certi r. Page 4 should b d for your files. DIRECTOR: please ex director. retained f

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USITAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) b. COUNTY Harford A. COUNTY Herford MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 12 days Rural - Pylesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Harford Memorial Hespital Harkins Road NO FC 3. NAME DE First Middle Month Year Last DECEASED 19 66 Evans David Quav February (Type or print) DEATH 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Sept. 22, 1898 Male White WIDOWED [7] DIVORCED TO and sevent 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

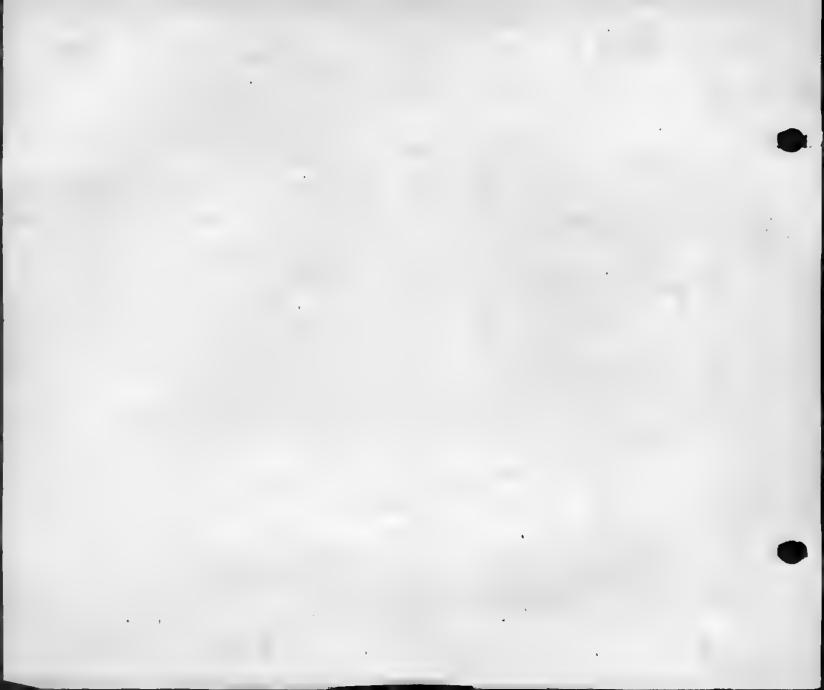
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT U.S.A. Piney Creek, North Carolina Mechanic Automobile pages I in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ginevra Fowlkes James Themas Evans File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Sister) 838-4706ddress 400 Whitaker Mill Rd permit. I removal, Geneva E. Spicer Fallston, Md. 21047 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or 160 Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES EC should be DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 3 shoul MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While at work CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident X. Suicide Homicide Undetermined manner ASSISTANT MEDICAL EXAMINER 20 FUNERAL I Gerald C. Palmer, M.D., Bel Air, Md address (Street, city, town, or county) NAME (Type) 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 Mt. Zion Methodist Com. Rountain Green H W. Breadury & Williams St.

Bel Air. Maryland 21014

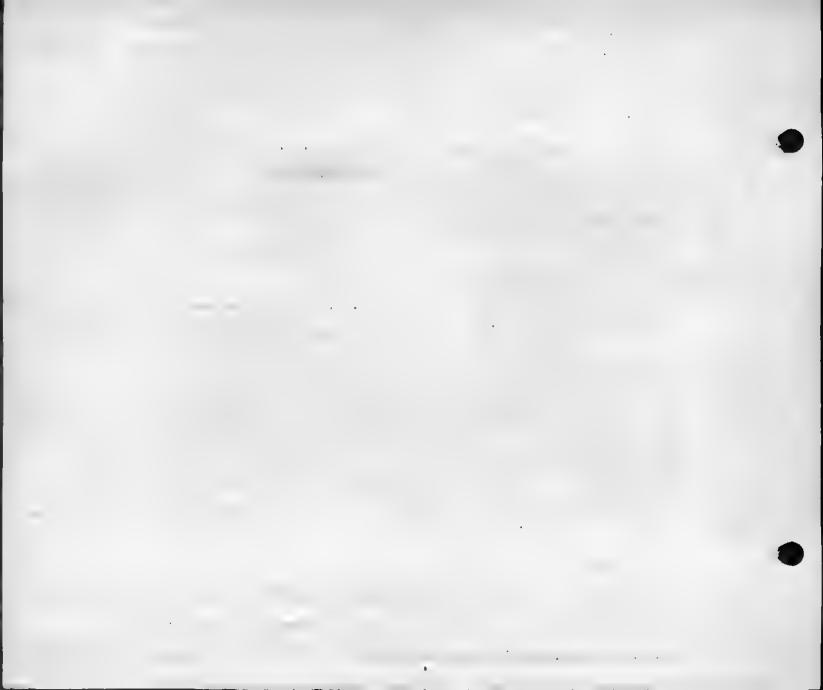
24. FUNERAL DIRECTOR AI (5) 1/65 Joseph William Foster

- : A est top extr 35.

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	12373 CERTIFICATE OF DEATH
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission a. STATE b. COUNTY ARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
-3	write RURAL and give nearest town) Bel Air d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Hay Convalacing Hone R. F. D. # 1 VES \(\sum NO \)
	NAME OF DECEASED (Type or print) NOTE Month Day Year (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 1882 9. AGE (In years IF UNDER 24 HRS.
	widowed Divorced February 1/1888 83 yrs. Months Days Hours Min.
	10b. USUAL OCCUPATION (Give kind of work done during most of working lite, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY 14. COUNTRY 15. BIRTHPLACE (County & State, or foreign country) 16. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (County & State, or foreign country) 18. CITIZEN OF WHAT COUNTRY 19. CITIZEN OF WHAT COUNTRY 1
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	James Franklin Neal Ella Bicknell
\(\sigma\)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive war or detes of service) NOME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying lest. 16. SOCIAL SECURITY NO. 17. INFORMANT Address, ford Convalescing Nursing Home Nursing Home Nursing Home ONSELAND DEATH ONSELAND DEATH ONSELAND DEATH OUT DUE TO DUE TO Lest. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH YES NO OF CONTRIBUTING CAUSE OF DEATH
MEDICAL C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stele)
	21. I certify that (I) (this hospital) attended the deceased from 12 1, 19 25 to 2 1, 19 25 that (I) (we) la saw the deceased alive on 19 26, and that death occurred at 27. M, from the causes and on the date stated above
	228. SIGNATURE ATTENDING MED. STAFF SIGNE 22b. DATE SIGNE PHYS. I DIRECTOR PHYS. I DIREC
-13	Developed Common ATTENDING MED. ATTENDING DIRECTOR DIPHYS. D 2-1-66 SIGNE PHYS. CLAR DIRECTOR DIPHYS. D 2-1-66 SIGNE 22c. PHYSICIAN'S NAME (Typo Cerial Common Property of Common Physics Director Dir
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22d. ADDRESS



and completely filled in by the funeral program before 1 and 2 and 2 and 4 event, within 72 hours after death. TO HOSPITAL OR ATTENDING MHYSICIAN: The law requires that the death certificate be exemuted within 24 Nov after death. bon papers. Pag within 72 hours Then please r O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Page 4 may be retained by tile hospital or attenting physician.

CERTIFICATION

MEDICAL

23a.

24. FUNERAL DIRECTOR

		1511, 110, 11201				
p.	MARYLAND STATE DEPARTMENT OF HEALTH					
	DIVISION OF STATISTICAL RESEARCH AND RECORD		ARYLAND			
1	02378 CERTIFICAT	TE OF DEATH	334			
1.	PLACE OF DEATH a, CDUNIY / /	2. USUAL RESIDENCE (Where deceased lived, if institution: Re	sidence before admission)			
	HAR FORD MARYLAND	8. STATE MARILIAN & b. COUNTY HA	REARD			
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 10	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)			
1	write RURAL and give nearest town)	Forest Hill (ruyAl)			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		e. IS RESIDENCE			
1	44 READD Mamarial Hospital	(Res 250 Commence Dead	ON A FARM?			
3.	NAME DF First MIddle	Last 4. DATE Month	Day Year			
	DECEASED	OF Jan 1	7 1966			
5.	SEX 6. CDEDR DR RACE 7. MARRIED X NOVER MARRIED	DATE DE RIPTH LO ACE (in vegre LEHNDER)	YEAR IF UNDER 24 HRS.			
1	MAle white WIDOWED DIVORCED	JAM. 20, 1889 last blithday) Months	Days Hours Min.			
10:	a USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS DR ring most of working life, even if retired) INDUSTRY	CD	TIZEN OF WHAT			
(au)	Gold Tooler Bookbinder		is A.			
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Thomas Graham	Mary Struth				
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 es, no, or unknown) (If yes give war or dates of service)	. INFORMANT (WISE) 838-7423 Address	1780			
111	NO -09-4550 N	Dar 00 - 00 - 00 00	Marina			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: D. T. RELL MONG 72	stit lower tobe Terminal	ONSET AND DEATH			
	157X DUE TOO 1. A. A. A. A.	0 6 1.	2 1/ 1 - h.			
	Conditions, if any, which by Mellistalie Ca	2. Of liver	3-4 wars			
	gave rise to immediate cause (a), stating the DUE TO	. 0	2			
_	underlying cause last. (c) Cystalino Carce	noma of the Panereas				
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PEREDRMED?			
CA			YES NO			
RIFICATION	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)					

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) Hour a.m. Not White While p.m. 19 at work

19 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last to from the causes and on the date stated above. and that death occurred saw the deceased alive on DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22c. 22d./ ADDRESS

PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. CEMETERY OR CREMATORY 23b.

March 2,1966

23d. (City, town or county)

(State)

1956



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
and the second	CERTIFICATE OF DEATH
death.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. STATE MARYLAND B. COUNTY HAR FOR D
rs after by the f Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
궁 .트 . 은	HAURE de GRACE 10 days Forest Hill
filled filled in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) U.A.R. E.O.R.D. M. Grand H. G. Street address W. Street Address ON A FARM? ON A FARM? NO RELEGIOUS Rd.) VES NO RELEGIOUS RESIDENCE.
thin 24 Hilled oon paper within 72	3. NAME OF First Middle Last 14. DATE Month Day Year
	(Type or print) Richard Addison HALL DEATH Feb. 14 1966
comple comple revent,	5. SEX 6. COLOR OR RACE 7, MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months I Days Hours Min
SKeci all and a skeci	MHE WINTE WILDOWED OIVORCED NOUMBER 3, 1910 55 yrs.
	102. USUAL OCCUPATION (Give kind of work done of the line of the l
icate b physici n pleas val, and	13. FATHER'S NAME 14. S. GOUCENMENT HATTER'S MAIDEN NAME
certifica Iding ph Then remova	LIEWEIIGN O. HAII EILEN A. FEldhaus
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (2) 838-6359 Address 72-32 Back 248
e death the att t permi	No - 220-22-0392 Mrs, Elizabeth C. Hall Forest Hill, Md. 21050
the sy the ssit	18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. OEATH WAS CAUSED BY:
that ician ned l	DUE TO
phys sign suria buria	Genditions, if any, which (b) (accomomation)
The taw requires that the control of attending physician, are has been signed by the use as the burial-transit, alth prior to burial, cremating the control of the control	gave rise to Immediate cause (a), stoting the DUE TO ()
A Sa	underlying cause last. (c) CLAND CLAND THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY
N: The fattal or attribute the for use the fatth process.	PERFORMED? YES NO IT
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH OF CONTRIBUTING TO CAUSE OF GEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 202. ACCIDENT WAS UNDERLYING TO CAUSE OF GEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN the hospit this cert detached bept. of	
A 23 41	Hour a.m. While Not While factory, street, office bldg., etc.)
oling is a positive of the control o	21. I certify that (I) (this hospital) attended the deceased from 19 19 19 10 14 to 14 14, 1906, that (I) (we) last
L DR ATTENDIN by be retained I DIRECTOR: Af age 3 should E	saw the deceased alive on Feb. 19 66, and that death occurred at 4:38 from the causes and on the date stated above.
	220. SIGNATURE 220. OATE SIGNED ATTENOING MED. STAFF 220. OATE SIGNED
AL DIAL DAR PAR PAR PAR PAR FILE	27C. PHYSICIAN'S NAME (Type) M.D. PHYS. DIRECTOR PHYS. 120 74, 766 22d. AOORESS
D HOSPITAL Page 4 may FUNERAL director, pag	NAME (Type)
TD HOSPITAL DR Page 4 may be OF FUNERAL DIRE director, page 3 should be filed v	232. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) THE MOVIE (Specify) Tab. 16, 1966 (State)
	24. FUNERAL DIRECTOR ADDRESS ADDRESS L. 25a. REGISTRAR'S SIGNATURE
VR A15 (4)	30 SEPH William Foster BEI Air Manhad 21014 OATE EB 15 1968 flowerles Judge
20M 1/65	- 01 = 100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fumral director, page 3 should be detached for use as the burial-transit permit. Then please removed carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d⊪ath certificate be executed wi⊞in 24 hmurs after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

/]		SZ380 CERTIFICAT	E OF DEATH	U2330
1	1.	PLACE OF DEATH a. COUNTY ()	2. USUAL RESIDENCE (Where deceased lived, Il Institution:	Residence before admission)
		HARTORY MARYLAND	a. STATE b. COUNTY /	LARCERO.
1		b. CITY OR TOWN (if outside corporate limits. ! c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
1	B	write RURAL and give nearest town) At 26 de ORACE 6 hRS	Rol Dip	1 1
١	-44	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE
١	4	Spotord Men soul Hespital	716 RING FACTERY RO	ON A FARM?
	3.	NAME DF / First Middle	Last 4. DATE Month	Oav Year
1		OECEASED (Type or print) (/// box Fearcast	VI TOF TOP	4 1966
1	5.		8 DATE OF BIRTH 19 AGE (In years I SE INDE)	TYPARILE LINDER 24HRS
1		M WIGOWED DIVORCED	November 1, 1901 last birthday) Months	Oays Hours Min.
1	10a	IISHAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OF	e j yrs.	ITIZEN OF WHAT
-	dur	Ing most of working life, even if retired) INOUSTRY		CL.S. A.
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	CX. 3.11
1		Martan Klein	ANN'E Williams	
	15.		INFORMANTE AND CHILLY Address	
ı	(Ye		The Land of the Land was	ctory BOAd
ł	ĭ		ASTUENT WEIN BEI HIS U	INTERVAL BETWEEN
ı		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1. 1= Go fiel Joch	ONSET AND DEATH
1		IMMEDIATE CAUSE (a)	miget where interche	3 cecrti
		Conditions of any which I	111-6-	3 dais
	- 1	Conditions, if any, which gave rise to immediate (b)	Maronetoro	13 - 1 - 2 - 2 - 2
		cause (a), stating the OUE TD	to Codinkonaula	1: 2
ı	8	underlying cause last. (c) / 17 CTLES CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
	CERTIFICATION	DOTTO THE DOTTO	WIED 19 HIE FERMINISTERIORIST CONTINUES OF THE WILL WILL STON	PERFORMED?
	틹	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of injury in Part I or Part II of Item 1	YES ND ND
	8	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)	Office fracti natura at milaty in the first to at the strong at	o • ş
			ACE OF (NJURY (Home, farm, 1 20f. (City or town) (Co	unty) (State)
	MEDICAL	Hour a.m. While Not While factor	ory, street, office bidg., etc.)	- (01010)
	Σ	p.m. 19 at work at work	2/11/2/2019	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) last
		saw the deceased alive on feb 4 19 6, and tha	it death occurred at M, from the causes and on	DATE SIGNED
		- Charact Ceround M.	ATTENOING AND MEO. MEO. STAFF	214166
		22c. PHYSICIAN'S	22d. ADDRESS	1
		NAME (Type) & cliedad C. Loo M.	of taine acom	ece luce.
	23a	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
	7	Burial (Specify) Feb. 7, 1966 Parkwood CEM	Elery BAltimore, Mary	And
1		FUNERAL OURECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR	L'S SIGNATURE
7			21014 Date - 1 100 / Clearly	es Judge

VR AI5 (4) 20M 1/65

JOSEPH WIlliam Foster



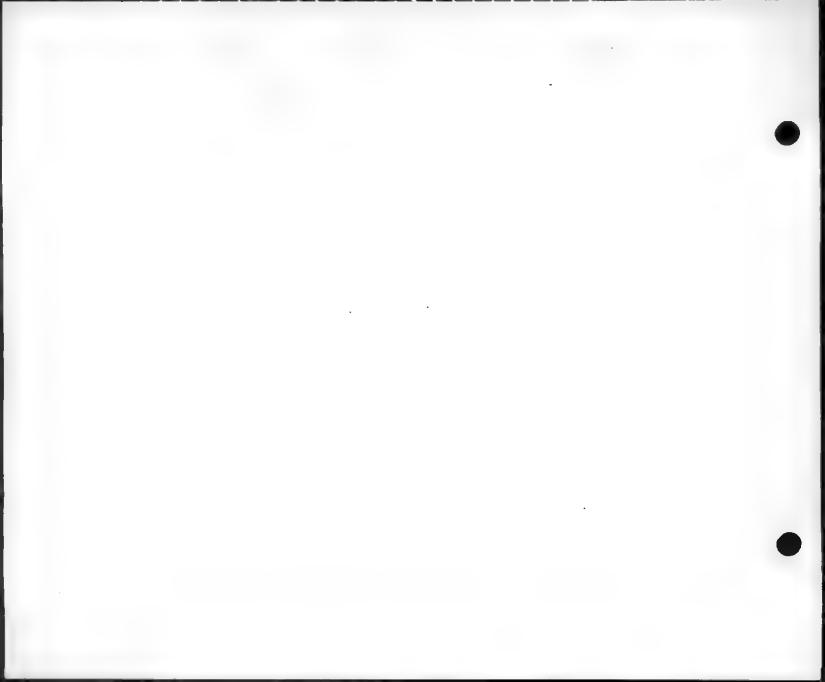
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DE SO	the funeral director. Page 4 shauk 5 may be retained for your files	£ 5	3
2	7 4	2 =	0

00000 P MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02337

T. J		66667	0,5001
		PLACE OF DEATH Q COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) a. STATE b. COUNTY
		MARYLAND	My day
		b CITY OR TOWN (If autside Carparate limits, c.ENGTH OF STAY IN 16 write RURAL and give nearest town)	c CITY OR TOWN (It outs de carporate limits write RURA, and give neurost town)
		Hanele Krace	Belty
1		d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS (146 MALIS by AVE) 0 IS RES DENCE ON A FARMS
	0		
			of DEATH February 26 19 66
	5.	SEX A 6. COLOR OR PACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years ONDER 1 YEAR IF UNDER 24 HRS In UNDER 24 HRS Min Manths Doys Hours Min
		WIDOWED DIVORCED	1114450412' 1111 3=6 30 hz
		USUA, OCCUPATION (Give kind of work dane ing most of warking ife, even if getired) INDUSTRY	11 B RTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY?
	3.0	CAPINET MAKET CAMPENTER	KENICK CO. WEST VITAINIH U.S.H.
	13.	FATHERS NAME ASA LEW'S	14 WOTHER'S MAIDEN NAME
	10		
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO 17. ss, no ar unknawn) (If yes give war ar dates of service)	INFORMAN(Wife) 838-6529 146 mouleby Ave.
			1183. KACHEL C. LEWIS BULLEY MANJAN ZIOIL
		18 CAUSE OF DEATH (Enter only one cause per ne far (a), (b) and (c)) PART I DEATH WAS CAUSED BY	Maryal Between ONSET AND DEATH
		IMMEDIATE CAUSE (o)	
		Canditians, if any, which gave) (b)	
		rise to immediate cause (a), (his To	
		stating the underlying cause (c)	
	58	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPSY
	CERTIFICATION		PERFORMED? VES NO NO
	TIFIC	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II of item 18.)
	CER.	PRIMARY TO CONTRIBUTING AND OCCUPANTS	dent
	MEDICAL		ACE OF INJURY (Home, form, 20f (City ar town) (County) (State)
,s No.	ME	Haur a.m. 2 - 26 1966 White at work at work D	ctary, street, office bldg, etc.) Boldin Ha-Nid-
		21. I certify that I taak charge of the remains described above, hi	
		death resulted fram: Natural causes 🔲, Accident 🗹, Suit	cide , Hamicide , Undetermined manner /
		ACTUAL STORY OF PORT	CHIEF MEDICAL EXAMINER A ROAL
		SIGNATURE LEVELU Calman	MD ASS STANT MEDICAL EXAMINER 22. DATE SIGNED
		EXAMINER'S Gestald Palmes-n	D DEPUTY MED CAL EXAMINER Address (Street, city, town or county) 2 - 26-66
			CREMATORY 23d LOCATION (City or Town) (County) (State)
		Burial Feb 28, 1966 Sharon Baptis	
3		FUNERAL DIRECTOR W. Broadway & william	250 REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
A.	•	Joseph William Foster BEI Air, MARyland	21014 DMAR 2 1966 Scharles Judge

VR A15ME (5) 6M 1/66



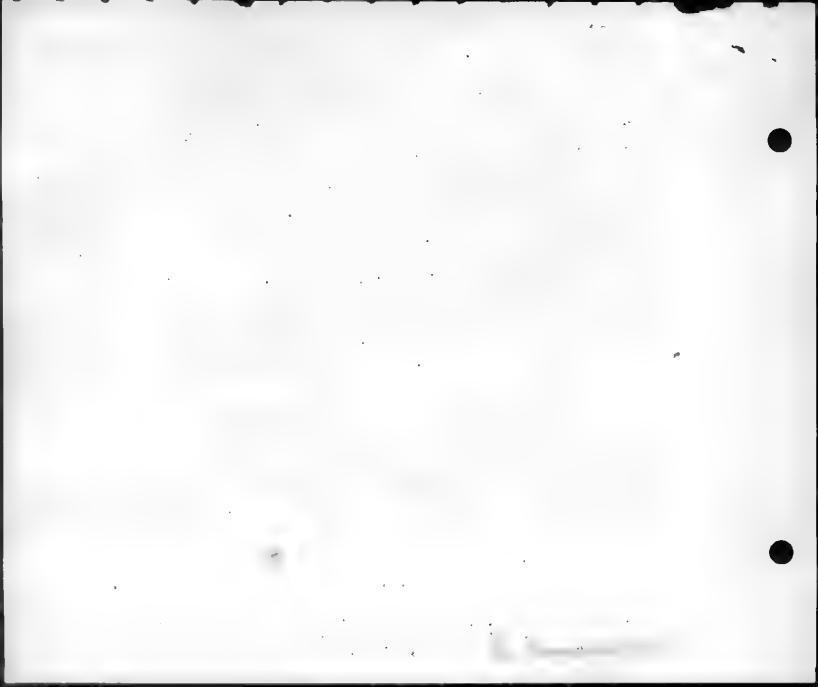
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. If yours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after, death. executed within 24 homm after death, TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the deats certificate by Page 4 may by retained by the hospital or attending physician.

> VR A15 (4) 2DM 1/65

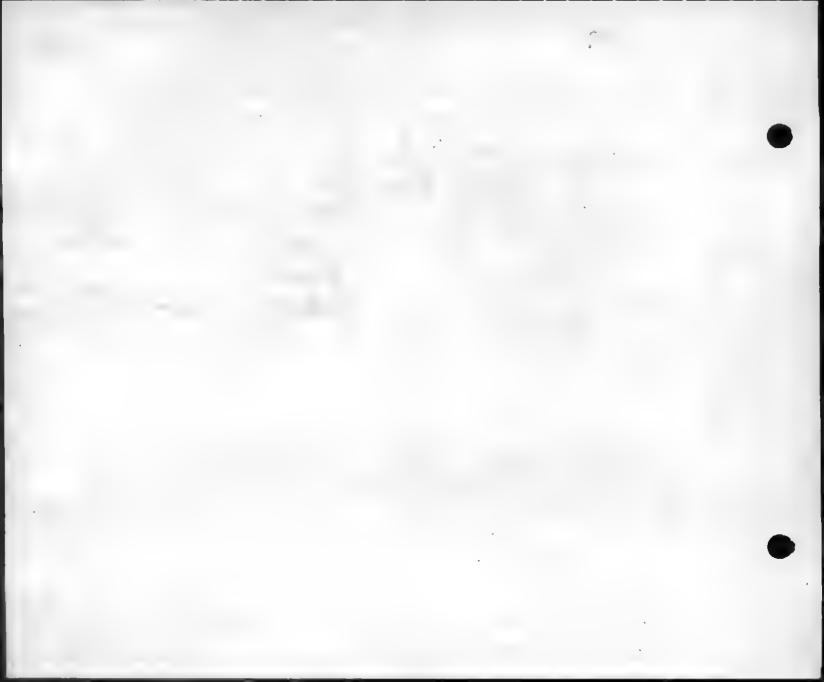
	MARYLAND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMO	RE 1, MARYLAND
62332	CERTIFICAT	E OF DEATH		02339

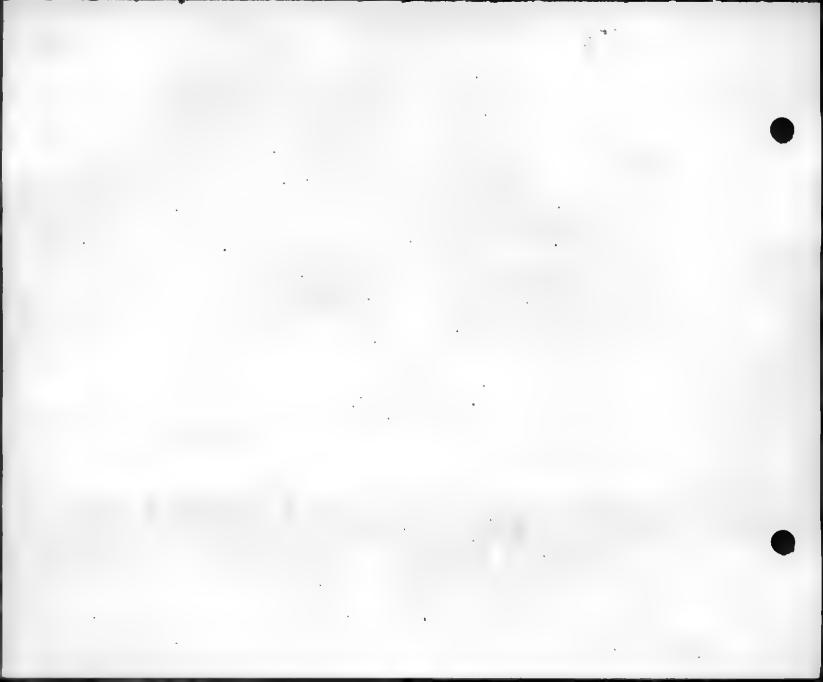
1		G2382 CERTIFICATE OF DEATH ()2339
	1.	PLACE OF DEATH a. COUNTY A COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY A COUNTY MARYLAND
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
١		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	_(Ttarford n Jemorial Rt 1 Boy 65 VESTON NO
	3.	NAME DF DECEASED (Type or print) William algmes Noccis DEATH 3-15 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIEDY NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Qays Hours Min.
	duri	USUAL DCCUPATION (Give kind of work done in general line) Industry Farmer 10b. Kind of Business or industry Farm 11c. Birthplace (County & Sale, or foreign country) 12c. CITIZEN OF WHAT COUNTRY? COUNTRY?
		FATHER'S NAME William Morris 14. MOTHER'S MAIDEN NAME Cantley
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (no, or unknown) (If yes give war or dates of service) *** *** Wife. same as 2 c & d
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WHITE WAS CAUSED BY: IMMEDIATE CAUSE (a)
		conditions, if any, which (b) over the conditions of the condition
		gave rise to immediate cause (a), stating the OUE TO underlying cause last. (c)
2	CERTIFICATION	PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO 1
		20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left of ice bidg., etc.) Hour a.m. p.m. 19 at work at work
		21. I certify that (I) (this hospital) attended the deceased from 10 10 , 19 , to 19 , 19 (C), that (I) (we) last
		saw the deceased alive on 15/6 (19), and that death occurred at 16 M, from the causes and on the date stated above.
		M.D. PHYS. MEO. STAFF DIRECTOR
		22c. PHYSICIAN'S NAME (Type) Louis Mazei, M.D. 22d. ADDRESS Havre de Grace, Md.
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
7	24.	
3	t	Aberdeen, Maryland of B 21 1966 Marles Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH CERTIFICATE OF DEATH test if and completely filled in by the funeral lease remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after deam. hour after leath. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDUNTY b. COUNTY a. STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 1b rac e e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? No YES L ■xec∎ted mitllin NAME OF First DATE Month 3. Middle DECEASE (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. SEX 6. CQLOR OR RACE DATE OF BIRTH 8. NEVER MARRIED WIDOWED DIVORCED [10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR UNDUSTRY 12. CITIZEN OF WHAT (County & State, or foreign country) Meas **COUNTRY?** þe death certificate TO FUNERAL DIRECTOR: After this certificate has been signed by the attending particetor, page 3 should be detached for use as the burial-transit permit. Then be should be filed with the State Dept. of Health prior to burial, cremation, or removal, MAIDEN NAME 13. FATHER'S NAME INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. (Yes, no. or unkown) (If yes give war or dutes of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: GHULK Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICAT NO [YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER PHYSICIAL DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) MEDICAL (State) 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120s. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rour a.m. While Not While p.m. at work at work 1965 to_ 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last 19 66, and that death occurred at 5 6 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE 3 STAFF 7 M.D. DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64

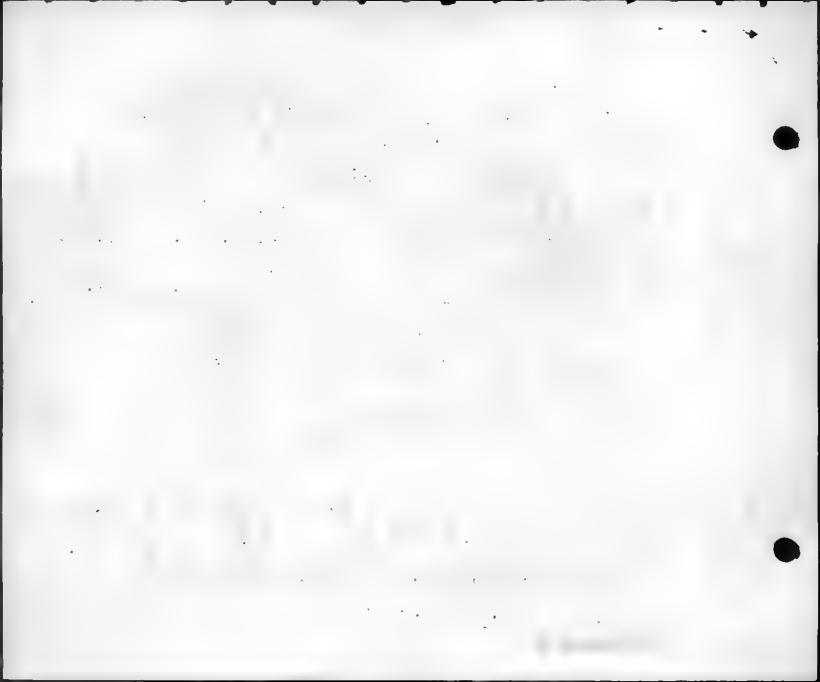




1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M 12395 CERTIFICATE OF DEATH	U2342
	PLACE OF DEATH SOUNTY C. CITY OR JOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) 2. USUAL RESIDENCE (Where decaesed lived, if institution, Report of the population of th	sidence before edmission
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strong eddress) Bayor Villa app. 62	o. IS RESIDENCE ON A FARM
	NAME OF DECEASED (1) PROPERTY OF DEATH 15. AGE (in year) IF UNDERLY SEX (6. COLOR OF GRACE MARRIED TO AND MARRIED TO A DEED TO BIRTH 19. AGE (in year) IF UNDERLY	Day Year 19 (EAR IF UNDER 24 HRS.)
7	Male White WIDOWED DIVORCED 5/11/1894 Jest birthdey) Months D	ays Hours Min.
	FATHER'S NAME DIA DOUBLE CONTROL OF THE STATE OF THE STAT	S.A.
1: D	MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18., no, or unkowp) (Ityesgivewerordatesofservice) Mule Sturking Sturk of Sturk of Sturk of Sturking Sturk of St	u Md
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which gave rise to immediate cause (a), staling the underlying cause last. (b) ///Entstitute(5/83) > DUE TO (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
I .	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part II or Part II of item 18.]	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Hour e.m., p.m., 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (Count factory, street, office bldg., etc.)	
	saw the deceased alive on 22. D.C. 19 65, and that death occurred at MM, from the causes and on the	22b. DATE
	ATTENDING MED. ATTENDING MED. PHYS. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS ATTENDING MED. PHYS. DIRECTOR PHYS. 2-2 22d. ADDRESS	7-1966 SIGNE
2.	(Surial Cremation, 23b. Date Thereof 23c, Name of Cemetery or Crematory 23d. OCATION (City, Jown or county)	Md (State)
	July 100 1 Victory Super The 11	



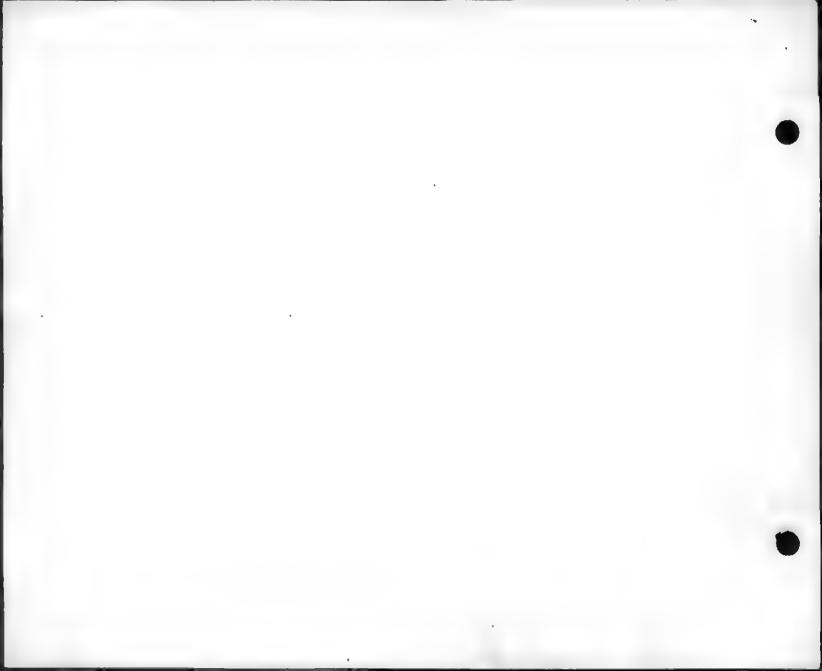
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH death. W and and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY after the MARYLAND Pages urs afte b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b þ write RURAL and give nearest town) carbon papers. Pag ent, within 72 hours Carr Ξ tre d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital/give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X ii ii completely i NAME DE Middle Last DATE Month Day DECEASED (Type or print) DEATH hanne 19 P NC 5. SFX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR\$ last birthday) Months Deys Hours | Min. n any ev 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED X 8. 9. and an Approx. WIDOWED DIVORCED [7] .⊆ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT "ysician ease leath certificate be during most of working life, even if retired) COUNTRY? and INDUSTRY Harford Co.. Md. Railroad Railroad worker ā 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME tending pl remova Noah Preston Eliza Weems 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) ((If yes give war or dates of service) 17. INFORMANT 16. SDCIALSECURITY NO. 101 been signed by th≡ atten the burial-transit permit. or to burial, cremation, or Philadelphia. 2-185 Mabel Turner. Penna. NoINTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per life for (a), (b), requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions. If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has 83 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health p r this certificate h detached for use te Dept. of Health | PERFORMED? YES X NO hospital 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) Not While factory, street, office bldg., etc.) Hour a.m. While 10 FUNERAL DIRECTOR: Atter director, page 3 should be should be filed with the State p.m. at work retained 21. I certify that (I) (this hospital) attended the deceased from 19 19 (- C., that (I) (we) last (a), and that death occurred at saw the deceased alive on. _M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED pe Feb. ATTENDING PHYS. DIRECTOR тау TTAL 22c. 22d. ADDRESS PHYSICIAN'S NAME (Type) Mazei. Havre de Grace, Maryland Page 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery Aberdeen. Maryland Mt. Feb. BEC'D BY BEGISTRAR | 25b. REGISTRAR'S SIGNATURE PLAPORESSa] Home Harley Aberdeen, Maryland VR AIS (4) TO 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 LISUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) o. COUNTY P.M.3. Page Department of / LENGTH OF STAY IN 16 write RURAL and give nearest town not in hospital raive street address) 72 hours pentil in Item 18. Give Pages the State certificate should be executed within 24 haurs ofter death DATE OF DEATH along with 3 NAME OF DECEASED (Type or pont) WITH with 1 AGE FUNOER LYEAR DATE OF BIRTH 7 MARRIED 6 COLOR OR RACE NEVER MARR ED last birthdoy) July WIDOWED event 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT 11 B RTHPLACE (State or foreign country) Do USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Housewife Virginia U.S gu Home poges 4 should be farworded to the Chief Medical Examiner 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME Bertha Helmick Hubert Hull 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO burial, cremotion, or removol, (Yes no, or unknown) (If yes give wor or dates of service John H. Rather, Forest Hill. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) INTERVAL BETWEEN buriol-transit ONSET AND DEATH writing the word **DUE TO** Conditions, if only, which gove rise to immediate couse (a), DHE TO o stating the underlying couse 9 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO please execute the certificate, pe Q 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter poture of in ury in Port I or Port II of item 18) its des gnated ogent, prior 3 should PRIMARY STOR CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20e PLACELOF INJURY (Home, form (City or fown) (County) (Stote) 20c TIME OF NURY Month, Doy, Year Not While of work factory, street, office bldg etc.) 1966 5 moy be retained for your 10 FUNERAL DIRECTOR: Page the funeral director. Page 21. I certify that I took charge of the remains described above, held an Autapsy Inspect on X, Inquiry and in my apinian Suicide X Hamicide Undetermined manner death resulted from Natural causes Accident | CHIEF MEDICAL EXAMINER O DEPUTY ME 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** Address (Street, city, town, or county) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a. BURIAL CREMATION REMOVAL (Specify) Burial Bel Air Memorial Gardens-Maryland 19 Feb. 66 Bel Air. Tarringeres Funeral Honeso RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5)

7. Aberdeen. Md.

6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death death 1. PLACE OF DEATH
a. COUNTY USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) b. COUNTY bon papers. Pages 1 within 72 hours after by the MARYLAND a c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 0 After this certificate has been signed by the attending physician and completely filled in d be detached for use as the burial-transit permit. Then please region carbon papers. Is State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addiress) d. STREET ADDRESS ON A FARM? NO K 0 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. DATE NAME OF Last Month Year 3. DECEASED OF DEATH 19 (Type or print) 0 d AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. PATE OF BIRTH NEVER MARRIED SEPT. IT 900 65 WIDOWED DIVORCED yrs. 12. CITIZEN OF WHAT 10s. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY HYDRO 6 UPERLINTENDENT ECTAKIN MOTHER'S MAIDEN 13. FATHER'S NAME MAINT KEYNOLDS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (Yes, nd, or unkown) (If yes give war or dates of service) 183-07 ZAMOHI INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c). ONSET AND CEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) PERFORMED? YES T NO X 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20d, INJURY OCCURRED TIME OF INJURY Month, Day, Year Hour a.m. Not White While at work at work to FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last m, from the causes and on the date stated above. and that death occurred at 12 saw the deceased alive_on_ 22h. DATE SIGNED 22a. SIGNATURE MEO. ATTENOING PHYS. STAFF page DIRECTOR M.O. ADDRESS PHYSICIAN'S 22d. 22c. director, p NAME (Type) VEC LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) ARLINGTON REC'D BY REGISTRAR 25b. REGISTRAR'S 24. FUNERAL DIRECTOR VR A15 (4) 15M 4-64





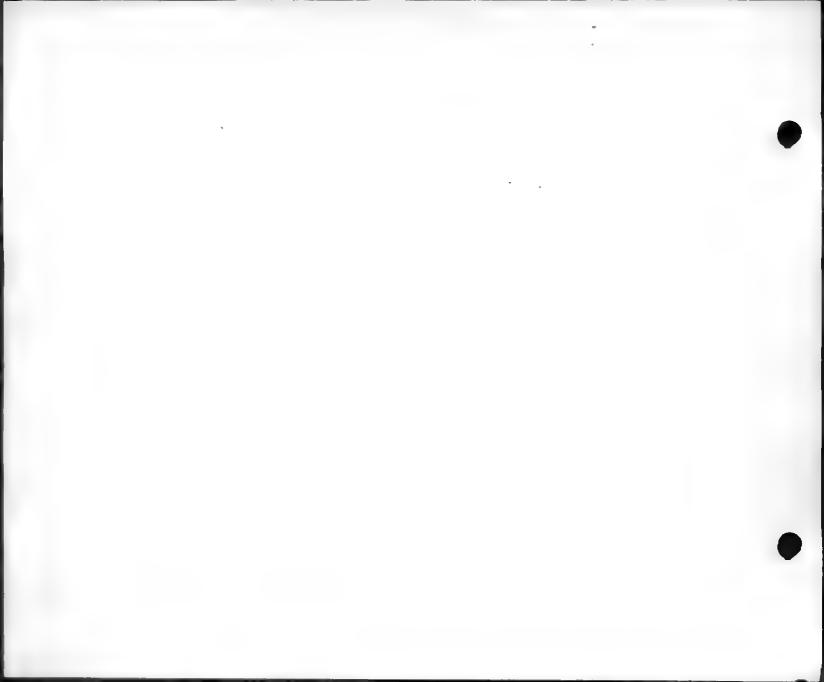
	1	MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
X	4 7874	82390 CERTIFICATE OF DEATH 02347
/	after death. the funeral ges 1 and 2 after death.	PLACE OF DEATH a. COUNTY A. COU
	s aff	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	24 hours filled in b apers, Pa n 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET AGORESS e. IS RESIDENCE
		Harford Memorial Hospital RD1 - Rt 272, YES NO
	completely ve carbon levent, with	3. NAME OF First Middle Last 4. OATE Month Oay Year DECEASED OF The DECEASED O
	- 52E	Mype or print) Ella Wigton Smith Death tebruacu 8 1966
	executed within and completely remove carbon prany event, within	WINDOWSD WIN
		10a. USUAL DECUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) 10b. KIND DF BUSINESS OR II. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	cate be ex physician a n please re val, and in a	HOUSE WIFE AT HOME CECIL CO, MA USA
	eath certificat attending phy ermit. Then p on, or removal,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	cert indin	15. WAS DECEASED EYER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	death certificate be ne attending physiciar permit. Then please tion, or removal, and i	(Yes, no, or unknown) (If yes give war or dates of service) 220-34-7016 MELVIN A. SMITH NORTH EAST RD. Mid
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	requires that the ding physician. been signed by the burial-transit to burial, cremant to	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	res the physical sign sign in the physical physi	Conditions, If any, which OUE TO (b)
	ing find for the property to be	gave rise to immediate cause (a), stating the OUE TD
	law requires that t attending physician. has been signed b e as the burial-tran h prior to burial, cre	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTROLLED TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	The law or atter cate has r use as ealth prid	PERFORMED?
	PHYSICIAN: The law requires that the the hospital or attending physician. This certificate has been signed by the detached for use as the burial-transit is Dept. of Health prior to burial, crema	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYS the h r this detac detac	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20mm 2
	OR ATTENDING PY be retained by the IIRECTOR: After t ge 3 should be de ed with the State	
	TENI taine TOR: Shoul h the	21. I certify that (!) (this hospital) attended the deceased from 100 b, and that death occurred at 196 b, from the causes and on the date stated above.
	DR ATTENDI be retained IRECTOR: A e 3 should e 4 with the	22a. SIGNATURE 22b. OATE SIGNEO
	TAL OR may be RAL DIR., page be filed	M.O. PHYS. MEO. STAFF DIRECTOR PHYS. D 2/8/66
		NAME (Type) Neil R Taylow Pray Rising Sun Mo.
	Page / Page / O FUNI directs	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOGATION (City, town or county) (State)
		24. FUNERAL DIRECTOR ADORESS V. 251. REC'D BY REGISTRAR'S SIGNATURE
	VR AI5 (4)	GRANT FUNITAL HOME DO SONDE MILL DEEB 10 1966 CV wales Judge
	2DM 1/65	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATE	M	1	02391	WEI	DICAL EXAMINER'S	CERTIFICATE C	F DEATH	02348
IEALTH	DEPT.			LACE OF DEATH	1				ion: Residence before admission)
g to 5.	₽ £		(COUNTY Harp		MARYLAND	a STATE	b con	Haral
deloy is and 3 to M3. Page	ent	ľ		CITY OR TOWN (If outside corpore		c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	utside corporate limits, write RUF	RAL and give nearest town)
and M3.	E L	ł		write RURAL and give nearest to	wn)	3 weeks		to off i	/
E 01 1	e po e	ı	(NAME OF HOSPITAL OR INSTITUTION	ON (If not in haspital,	give street oddress)	d. STREET ADDRESS	(ell)	e IS RES DENCE
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	Stat P ho		3 1	IAME OF	First	Middle	lost	4 DATE Mont	, , , , , ,
ofter death Give Pag olong with	the in 7			DECEASED Type or print)	1401	5 M	Th	OF DEATH Film	7 25 1966
ofter Give olong	with t	ı	S. 1			NEVER MARRIED	B. DATE OF BIRTH	9 AGE (n years	FUNDER 1 YEAR IF UNDER 24 HRS
° ~				MW	WIDOWED	DIVORCED 🗷	7-8-12	jost birthdoy)	Months Doys Hours Min
5 ()	poges land2 in any event		IDo	JSUAL OCCUPAT ON (Give kind of wo		KIND OF BUSINESS OR	11 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT
4 = "	s Ju	- 1	aur	Truck Driver	Fre	eight Trans.	Baltimor	re, Maryland	USA Y
iner in	poges 1	ľ	13	FATHER S NAME			14 MOTHER'S MAIDEN		
within pencil amine	File p and ii			Lorenza Smith			Cathe	erine M. Love	
			15	WAS DECEASED EVER NUS ARMED F	ORCES? 16.	SOC AL SECURITY NO 17	INFORMANT	Addre	
d be executed within ' d "pending" in pencil Chief Medicol Examiner	buriol-transit permit. motion, or removol,		(16	no, or unknown) (If yes give wor o	[Supression service) S	287-05-6181	Mrs. Thelma	Barranco Bel	l Air, R.D., Md.
exe endi	t pe	ĺ		1B. CAUSE OF DEATH (Enter only		or (o), (b) and (c))	,		INTERVAL BETWEEN
be jef	ansi or r			PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (o) Con	orang oc	durio	\sim	ONSET AND DEATH
word word the Ct	ol-tru			4201	DUE TO				
should e word o the C	buriol-tri mation,			Conditions, if any, which gave rise to immediate couse (a),	(b)				
		- 1		stoting the underlying couse (DUE TO				
ertificote sh writing the worded to 1	0 /IE			lost	(c)				
s certificate shaules, writing the wor forworded to the	used os o burial, cre		×.	PART II, OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
This certificate cate, writing th se forworded to	be u	0	Ĭ						YES NO 🔼
# ==	s. Iould b		CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐	20b D	ESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port Lor Port Lof Item 1B)	
INER: le certifi should	files. 3 should nt, prior			CAUSE OF DEATH					
EXAMINER: tute the certi oge 4 should	A- (4) [MEDICAL	2Dt. TIME OF AURY Month, Doy, Hour o.m.	1 414 4		ACE OF INJURY (Home, form ctory, street, office bldg., etc.)		(County) (Stote)
XAI life 1	you oge		×.	p.m.	19 at wa	rk 🔲 at work 🔲			
AL EXA execute or, Poge	ained for y IRECTOR: Prodesignoted			21. I certify that I taak			ield an Autopsy 🔲,	Inspection X, Inqu	Jiry 🔀 , and in my opiniar
e e. tor.	ig Ge			death resulted from:	Natural causes	🗙, Accident 🔲, Su	icide 🔲, 🛮 Hamicide	, Undetermined m	anner 🗌
MEDIA pleose directo	retained for your DIRECTOR: Page Its designated age			ACTUAL 92 2 1/2	IK P	Umer	CHIEF MEDICAL		27 -625 DATE SIGNED
4 - B	L D	3		SIGNATURE ALL	1 1 10			ICAL EXAMINER 🔲 📉	22. DATE SIGNED
PUT Sory	FERA	⊀.		EXAMINER'S RECT	11 PF	201 ME 5		AL EXAMINER X)2	ell y kl
o DEPUTY necessory, the funeral	5 may be re O FUNERAL Health ar its	-	230		DATE THEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (City or Tov	um) (Cauchi) (Cauch
nece the	∽ ဥ ႜိ		130	DEMONTAL (Co / 5	b. 28. 19			, ,	, , , , , , , , , , , , , , , , , , , ,
		-	24	FUNERAL DIRECTOR	20, 10	66 Baker Ceme	tery 250 REC'I	Aberdeen BY REGISTRAR 255 RE	Harford Md. GISTRAR S SIGNATURE
VR	A15ME (5)		_ '	Howard K. McC	omae & Sov		6 2 2 2		Charla Julas



1 M

TO SENTIL OF KITCHING PETFEMN: The law requires that the leath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERIL. DIRECTOR: After this certificate has been signed by the attending invision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then page remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deathy MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02392
CERTIFICATE OF DEATH

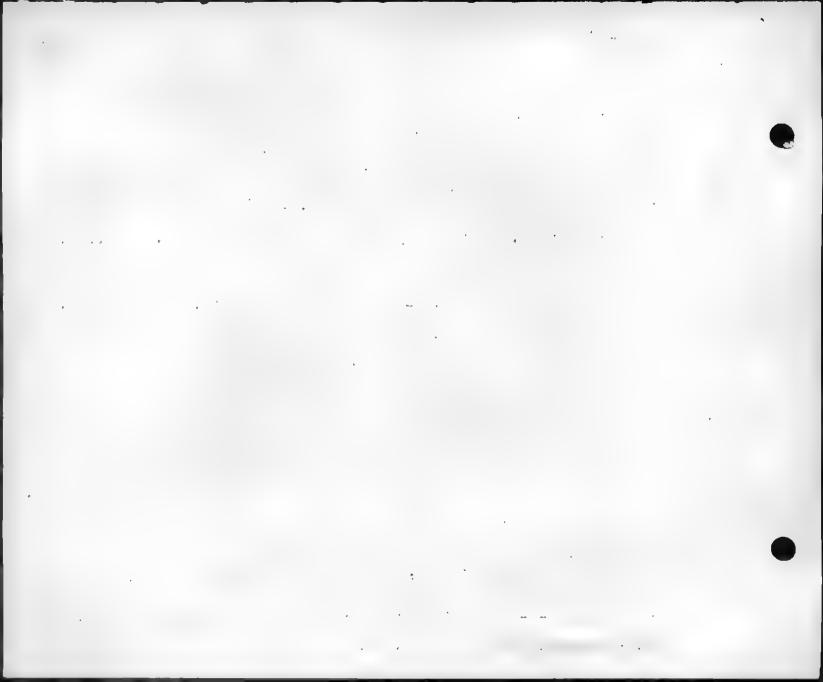
013000	11/20/21
1. PLACE OF DEATH a. COUNTY // C. STATE	sidence before admission)
MARYLAND B. STATE MARY DAN & D. COUNTY HA	RECRO
b CITY OR TOWN (if butside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL is	and give nearest lown)
HAURE de Erace 11 Laus Aberdeen	. 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	A e. IS RESIDENCE
HARFORD Memorial Hopital BALTOMOVE SI	YES NO NO
3. NAME OF First Middle Last 4. DATE Month	Day Year
OF (Type or print) SARAL BROWN SMITH Feb. 3	28 19/06
	YEAR IFUNDER 24 HRS.
Female Col. WIDOWED DIVORCED 2 Feb. 1901 65 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CII	UNTRY?
Housekeeper-Cook Domestic Type Perryman, Maryland	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William R. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
No 215-24-3007 Husband Same as 2 c 8	c d
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (a) Carebral Hemorrhage	
Cenditions, if any, which \ (b)	
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last. (c) Aupertenano - arteriosclerate Heart diasse	
	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3)	PERFORMED?
Obesity - Cholesystetics.	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Obeity - Cholecytilis . 2DB. ACCIDENT WAS UNDERLYING TO CAUSE OF OF EATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ity) (State)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Paur a.m. While at work at	(3)
21. I certify that (I) (this hospital) attended the deceased from Feb. 19 1966 to Feb 28, 1964	
saw the deceased alive on Feb. 2.8.19 66, and that death occurred at 6.394, from the causes and on the	
A A A A A A A A A A A A A A A A A A A	TE SICNED
plonge of X Landbury M.D. PHYS. I DIRECTOR PHYS. A	28 66
22c. PHYSICIAN'S NAME (Type)	
George T. Stansbury 569 Revolution St. Havre & Grace,	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or could remove the company of the com	
Rurial "ar 4, 1900 officer M.E. comebery Aberdeen M.D.	Maryland
24. FUNERAL DIRECTOR TarringADDRESDeral Home 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
White Ulacon by Aberdeen, Maryland MER 2 1956 Ochowa	1

VR A15 (4) 20M 1/65

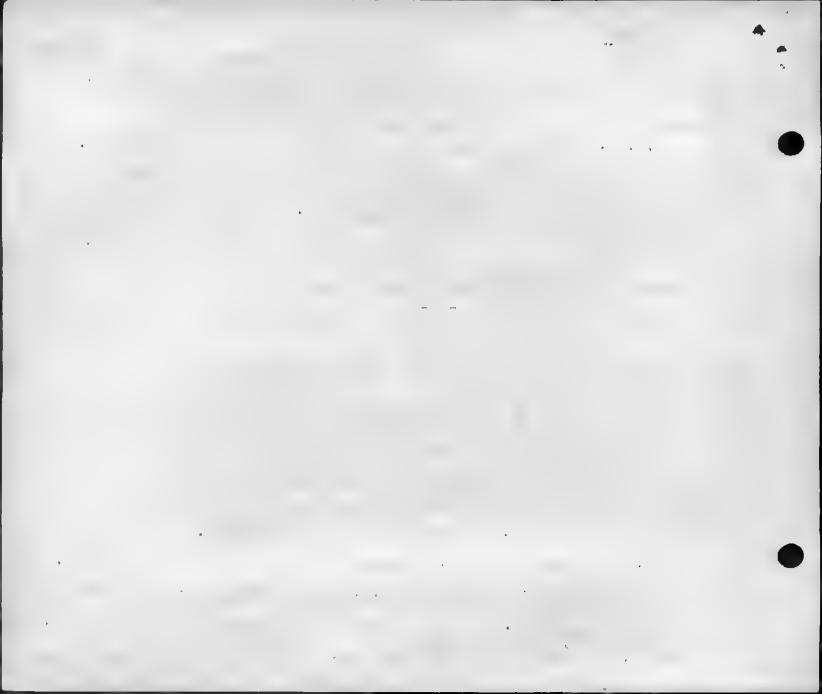


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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND
E 50 6		92395 CERTIFICATE OF DEATH	U2350'_
death.	1.	PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission
		a. STATE D. COUNTY	actord
after the afte		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURA)	L and give nearest town)
Pag Pag IIs	11	write RURAL and give nearest town)	1
hour S. hou		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a. STREET ADDRESS	e. IS RESIDENCE
724 hours after filled in by the papers. Pages I hin 72 hours after	11		ON A FARM?
	3.	NAME DE PIEST MIDDE LAST 4. DATE Month	YES NO X
and completely remove carbon i any event, within	٥.	DECEASED	~ (1
ent can	-	Television of the second secon	J 19 6 6
co ove	۸.	last birthday) Months	Days Hours Min.
and corremove	1		OLY IZEN OF INUAT
100元	ฮีนเ	B. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. Cring most of working life, eyen if retired) INDUSTRY	CITIZEN OF WHAT COUNTRY?
and and		Contractor (Gen.) Self Employed Frackville, Penna. U	.S.A.
icate physician physician please r	13	. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
certificate be nding physician t. Then please r removal, and i		John Studlick Stella Stec	
ath certi attending smit. Th n, or rem	15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)	
PHYSICIAN: The law requires that the death certificate the hospital or attending physician. this certificate has been signed by the attending phys detached for use as the burial-transit permit. Then ple e Dept. of Health prior to burial, cremation, or removal, a	(''	No 186-09-9309 Joseph Studlick. Aberdeen	. Md.
the atio		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN ONSET AND DEATH
the by emission		PART I. DEATH WAS CAUSED BY: Card : 0 - Values Shok - Reval Failure	UNSET AND DEATH
ician Ician I-tra		DUE TO	211
es t hys hys sign rria uria		conditions, if any, which) Hassive 3rd degree berry	24 hours.
a purition of the property of		gave rise to immediate	
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If The law requires that the all or attending physician. Afficate has been signed by for use as the burial-tran Health prior to burial, cre	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY
Or a or a sate	ATI		PERFORMED?
ICIAN: The la lospital or att certificate hither for use of teath part of teath part.	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 1)	1 1000
Spital ed ed	ER	OR CONTRIBUTING CAUSE OF DEATH	
PHYSICIAN: the hospital this certific detached for te Dept. of H			e unknown ounty) (State)
PHYS the h this this detac	MEDICAL	Seekans often bldg of h	
/\ tag tag =	ME	The pain and the p	rford Md.
	П		26, that (I) (we) las
TTE Stai		saw the deceased alive on Feb 3 1966, and that death occurred at 2M, from the causes and on	the date stated above
DIRECT AND SEE OF WINECOM			DATE SIGNED
otto Otto		M.D. PHYS. DIRECTOR L.J PHYS. L.J	-4-66
may may ral Cr. pag		22C. PHYSICIAN'S NAME (Type) CONTHER D. HIRSCH 13/5. VNICH AV. HAVREDE CKIN	KE MN
OSP JNE	-		
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or conference of the conference of th	**
E 1	9900	Removal 12-6-66 St Johns Polish National Frackville	Penna
	24		R'S SIGNATURE
VR A15 (4)		the luccounter St. Aberdeen, Maryland DATE 1000	John
20M 1/65	1		0

T 4



1	DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICAL	ATE OF DEATH	MARYLAI 0235
1,	PLACE OF DEATH	2. USUAL RESIDENCE (Whate decessed lived, it institutions	Residence belo
П	Harford MARYLAND	a. STATE Maryland b. COUNTY	Harfor
-	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1		
П	write RURAL and give nearest town) Bel Air	Bel Air	
Γ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d STREET ADDRESS	0. [
	R.D. 3, Conowingo Road	R.D. 3, Conowingo	Rd . YES
3.	NAME OF First Middle	Last 4. DATE Month	Day
	(Type or print) ROSCOE S.		11
5.	SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	TYEAR IF UN
	Male White WIDOWED DIVORCED	12 Aug. 1898 67 yrs. Months	Days Hou
10			TIZEN OF WHA
Γ	Farmer Farm	North Carolina U	.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Green Todd	Sarah Cheek	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address	
"	es, no, or unkown) ((flyesgivewarordalesofsarvice) NO 219~36~0789	Wife, same as 2 c & d	
-	18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c).]	17.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	INTERVAL
	PART I. DEATH WAS CAUSED BY:		ONSET A
	///X DUE TO	\	
	Conditions, if any, which) (b) META STATE	Carcinoma	
	gave rise to immadiate cause		
	(a), stating the underlying but to cause last.	Prostate	1 196
١×			
CERTIFICATION			YES T
TFIC	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRED. (Enter nature of injury in Pert I or Part II of item 18.)	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ZVI	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I	LACE OF INJURY (Home, form, , 20f. (City or town) (Co	unty)
MEDI		actory, street, office bldg., etc.)	
~	21. I certify that (I) (this hospital) attended the deceased from	n May 1958 10 2 1/1/66, 19) sheet (
	saw the deceased alive on 2.10.49, and the	at death occurred at 5:55 fr BM the causes and on t	
	22a. SIGNATURE	ar death occurred ary the trouville causes and on the	110 0010 370
	INC. Cloud R II de	ATTENDING MED. STAFF	2 Feb.
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 1	_ 1000
	NAME (Type)	Forest Hill, Maryl	and
2:	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		
	DEMOVAL (Snahiba)	ethodist Cemetery, Bel Air	
2		25a, RECID BY REGISTRAR 25b. REGISTRAR'S	3
	MI. WIN RESTREET CONTRACT		0 0
1	Varring Funeral Home, Aberdeen,	Md. DATE B 15 1998 and	0. 1.1



>	1	- 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ADYI AND
	SA			02395 CERTIFICATE OF DEATH	02359
	death.		1.	PLACE DF DEATH a. COUNTY	sidence before admission
·	ie ie ie	*		HARFORD MARYLAND B. STATE M. S. COUNTY HA	R. Ford
	aft by th Pages rs aft		,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ind give nearest town
	■ou■ d in by rs. Pag Pours		1	ALRC CL. KACL DAY HAURE DE CORACE AV NAME OF HOSPITAL OR UNSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC
	24 fille pape in 72	66	1	HARFORD MemoriaL HOSPITAL 551 AllIANCE ST	ON A FARM? YES ND
	leaff certificate be executed within the attending physician and completely permit. Then please completely ion, or removal, and managevent, with		3.	NAME DF FIRST MIDDLE LAST 4. DATE Month DF CARALELISS 1/1/ARD DEATH February	Day Year
	ted form		5.	SEX , 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HR
				MA/e Col WIDOWED DIVORCED 1-19-02 64 yrs. Months D	Days Hours Min.
	iap Se		10a dur	ing most of working life, even if retired) 0 INDUSTRY 0. 4	IZEN OF WHAT
	icate be physicia n pleas val, and		13.	FATHER'S NAME (14. MOTHER'S MAIDEN NAME	0.5
	omrtifica Iding pl Then remova		20,	Richard mary mooney	
	eatl curtific attending permit. Then		15.	. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address Boy. 15. no. or unknown) !(If yes give war or dates of service)	(233
	the att		116	no - 220-97-0180 mo Leona Royster Sparkiel	7.84.
	the Lead n. by the al nsit pern	ľ	-	18. CAUSE OF DEATH (Enter only one cause per (ine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INVERVAL BETWEEN
	Nat the cian. ed by the transit, crema		-	IMMEDIATE CAUSE (a)	
	aquires that the fing physician. been signed by the burial-transit to burial-transit to burial, cremat			Conditions, If any, which) DUE TO Carry, Level In lunde.	
	ding p been the bur			gave rise to Immediate cause (a), stating the DUE TO	
	- = 0	- 1	2	underlying cause last. (c)	
	CIAN: The lampspital or atter certificate has ned for use as t. of Health pri		CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
	N: Tital of the for	2	틸	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.)	YES NO
				OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	
	~ ~ ~		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 40	ty) (State)
	After Id be de State		Ξ		that (I) (we) las
	ATTEN retaine CTOR: shoul			saw the deceased alive on FR 6 1966, and that death occurred at 135 PM, from the causes and on the	
	DE PE				TE SIGNED
	AL OF	1		M.D. PHYS. DIRECTOR PHYS.	
	EDENITAL age 4 may FUNERAL irector, pa	`	i	NAME (Type)	
	TO BUILLIAR OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		23a	DEMOVAL (Specify)	
	F = "		24	Burial 2-10-66 St. James a. M. G. Comeley Stave de Grecy	Harfred G. Des
	VR AI5 (4)	0	1	Itelia & Bullock stove de Grace, Md. Jate 8 10 1898	Oudan
	20M 1/65	M		JUALED TO GOOD TO THE	A C



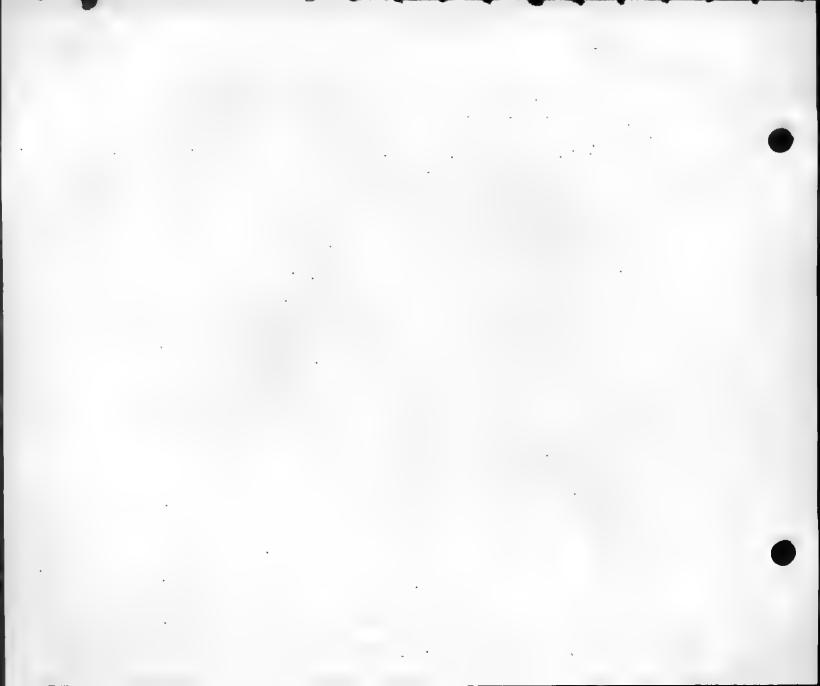
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 62396 death. funera PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence befgre admission) a. COUNTY b. COUNTY the MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neafest town .5 (CACE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled within 72 d. STREET ADDRESS a. IS RESIDENCE ON A FARM? etely within carbon 3. NAME OF Middle DATE Month and come Last 4. Day Year DECEASED OF DEATH (Type or piont) 19 executed 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED DATE OF BIRTH 8. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. MIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) Ξ 10b. KIND OF BUSINESS OR 11/ BIRTHPLACE (County & State, or foreign country) physician 12. CITIZEN OF WHAT ease þ during most of working life, even if retired)_ LINDUSTRY and COUNTRY? KETAIRMAN certificate attending physermit. Then ple FATHER'S NAME MOTHER'S MAIDEN NAME ESTON transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address TIS (Yes, no, or unkown) (If yes give war or dates of service) a s the burial-transit reior to burial, cremat 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to immediate DUE TO cause (a), stating the prior underlying cause last. 93 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate CERTIFICATI PERFORMED? YES [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTICE MEDICAL EXAMINER) After this certif I be detached for State Dept. of H 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. After While Not While at work ATTENDING p.715 DIRECTOR: A age 3 should led with the ? pluods 21. I certify that (1) (this hospital) attended the deceased from ____ 19.00 to and that death occurred at 8 saw the deceased alive on. A.M. from the causes and on the date stated above. 22a. SIGNATURE DATE/SIGNED 22b. page ATTENDING M.D. PHYS. DIRECTOR PHYS. HOSPITAL TO FUNERAL 72c. PHYSICIAN' director, p 22d. ADDKESS NAME (Type) BURIAL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL*(Specify) 130.81AL **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25a. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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NO X

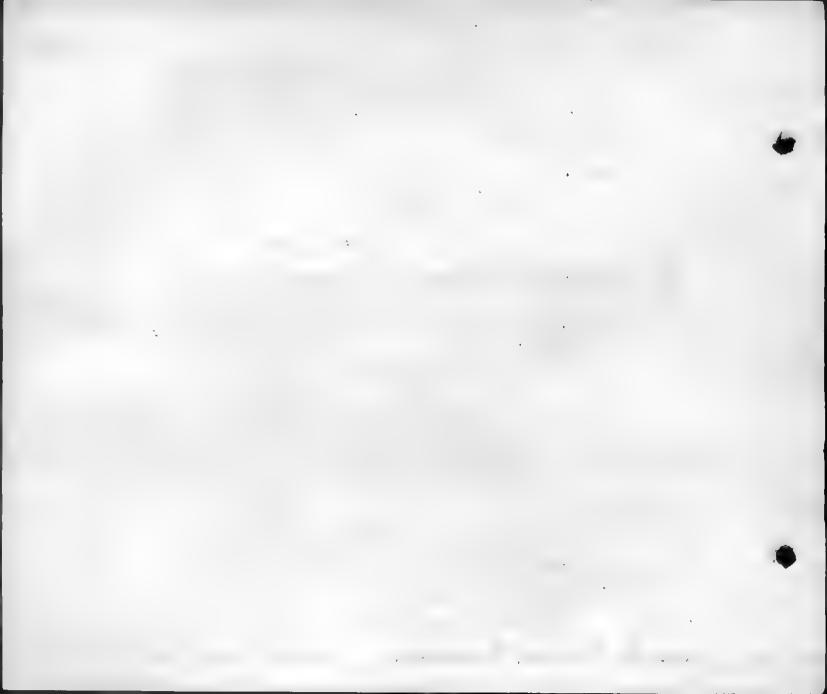
(State)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o STATE b COUNTY Poge 0 deloy b CITY OR TOWN I f outside comporate c LENGTH OF STAY IN 16 (If outside corporate limits, write RURA, and give nearest town) P.M3. d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL give street oddress) not n hosp-to hours with form ON A FARM? NO 54 Give Pages Stote YES ofter death NAME OF Frst M ddle DATE Lost Dov DECEASED the 0F (Type or print) DEATH within S SEX 7 MARRIED NEVER MARR ED AGE (In years IF UNDER 1 YEAR lost birthdoy) Months Dovs WIDOWED D VORCED and 2 event 1Do USUA, OCCUPAT ON (Give kind of work done 1Db KIND OF BUSINESS OR 2 CIT ZEN OF WHAT during most of working te, even if retired) 5 poges the Chief Medical Examiner 13. FATHER'S NAM be executed within File and 16 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' (Yes, no, or unknown) [[If yes give wor or dates of service removal. 215-3 2-2110 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY ONSET AND DEATH 5 IMMEDIATE CAUSE (a) This certificate should word cremofion, **DUE TO** Conditions, if any, which gove (b) writing the rise to immediate couse (a), forwarded to DUE TO 0 stating the underlying couse used as burial, c last. nsed WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) NO F 0r 10 pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port 1 or Port 11 of tem 18) 3 should PRIMARY ☐ or CONTRIBUTING ☐ plnous d EXAMINER: CAUSE OF DEATH O FUNERAL DIRECTOR: Page 3 sni Health or its designated agent, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. While factory, street, office bldg , etc.) Page ot work of work 21. I certify that I took charge of the remains described above, held on Autopsy [Inspection 🗷 Inquiry 🗷 and in my opinion the funerol director. deoth resulted from: Notural causes Accident Suicide | 1 Undetermined manner moy be retoined ACTUAL 22. DATE SIGNED SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION (Stote) REGISTRAR'S SIMMATURE 24 FUNERAL DIRECTOR 72Sb VR A15ME (5) 6M 1766



STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2 USUAL RESIDENCE (Where decresed living, if institution, Residence before admission) a. COUNTY b. COUNTY HARFORD JARYLAND HARFORD MARYLAND b. CITY OR TOWN lif outs discorporate I mits c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale amils, write RURAL and give neerest town) write RURAL and give neerest town) RURAL 6 L.YRS. WHITEFORD WHITE FORD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital gives real address a STREET DDRESS ON A FARM? WHEFLER WIHEELER. > YES NO 3. NAME OF M dd. DECEASED (Type or print) WARFIELD DEATH ITEFORD SP may be 2 with in 72 h 6. COLOR OR RACE AGE (In years LIF UNDER 1 YEAR. IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) and NOU D. VORCED WIDOWED [thin 24 hours after Give Pages 1, 2, is yem PM3 Page 5 File process and n any (year with 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FARMER FARMING WHITEFORD L 13. FATHER'S NAME STEVENSON A. WHITEFORD ELIZABETH BENNINGTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT
Address (Yes, my pr unkown) | (Ifyes give werordetes of service) " in pencil in Item 18 Office along with forburial-transit permit. EFORD, JR , WHITEFURD, DREIW. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] removal ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEMORRHAGE - SHOT GUN - CHEST AND HEART INSTANI IMMED ATE CAUSE (e) DUE TO 0 ADVANCED ARTERIOSCLUSIS "pending" in xaminer's Of used as a bu cremation, Condilions, fany, which geve rise to immediate cause DUE TO writing the word "pendin 3 Chief Medical Examiner Page 3 should be used as (a), stating the underlying ceusa lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? NO 💢 20b DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Pert I of Pert II of item 18 1 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 6 CAUSE OF DEATH. IC GAUGE THOT GUN TO CAEST OVER HEART. [County] please executative certificate, writing 4 should be forwarded to the Chico FUNERAL DIRECTOR: Page Health or its designated agent, pr 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20s PLACE OF INJURY [Home, farm 20f. (City or fown (Stele) fectory, street, office bldg., etc.) HARFORD HO MF WHITEFORD et work et work "C 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry X Inspect on X and in my opinion death resulted from Accident Suicide X Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MED CAL EXAMINER TI SIGNATURE FEB22 DEPUT EXAMINER'S EUMAN, M.D. Addr Address (Street, city, lown, or county' BELAIR, Md NAME (Type) 22d, LOCATION IC ty, town, or country) 22a, BURIAL, CREMAT ON, 1 22b BURIAL 24e REC'D BY REGISTRAR | 24b REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR VR A15ME 5M 1/62



OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a PLACE OF INJURY (Home, ferm, (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) fectory, street, office bidg., atc.) While Not While Hour e.m. al work D. m. 19.3. Plo 2 - 5 19 6, That (1) (ma) last 21. | certify that (I) (this hospital) attended the deceased from I

and that death occurred at AM, from the causes and on the date stated above saw the deceased alive on. 22b. DATE

SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D

72c. PHYSICIAN'S 22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City

(Steta)

e. IS RESIDENCE ON A FARM? YES NO I

19 66

IF UNDER 24 HRS.

12 CITIZEN OF WHAT COUNTRY!

ONSET AND DEATH

PERFORMED? NO

Day

15M 7-62

director, be filed v

23e, BURIAL, CREMATION, | 236 REMOVAL (Specify)

Jeath. Page 4 FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 02400 CERTIFICATE OF DEATH and 2 after death PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE by the financial Pages 1 urs after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Paga nin 72 hours a 24 hours .E e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within / NO. YES within completely carbon NAME OF Middle Day Year DATE Month DECEASED event, (Type or print) ThiN 701 DEATH 2/19 0 epru executed SEX 6. COLOR OR RACE DATE OF AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. 7. MARRIED NEVER MARRIED remove Months Days Hours and any WIDOWED DIVORCED 102. USUAL OCCUPATION (Give kind of work done REHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 5 10b. KIND OF BUSINESS OR sician ease pe during past of working life, even if retired) COUNTRY? and FATHER'S NAME removal, MOTHER'S MAIDEN NAME attend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT transit permit. 17. (Yes, no. or unkown) (If yes give war or dates of service) death the CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN The law requires that the ONSET AND DEATH à PART I. DEATH WAS CAUSED BY ial-trans physician. IMMEDIATE CAUSE (a) signed burial-ti burial, DUE TO Conditions, If any, which (b) been : gave rise to immediate as the prior to attending DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. use for use Health PERFORMED? certificate hospital or YES NO T PHYSICIAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) r this certifi detached for te Dept. of F ICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year be de State Not While factory, street, office bldg., etc.) Hour a.m. MEDI While After ATTENDING at work p.m. at work retained 0 194 3 should with the that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 66 and that death occurred at 923 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe page STAFF ATTENDING PHYS. DIRECTOR PHYS SM.D. пау HOSFITAL TO FUNERAL ADDRESS 22c. 220 should be NAME (Type) director, Page 23a. BURIAL CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATOR JEOCATIONS(CITY down or coupty) (State) REMOVAL (Specify) REC'D BY 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a.

VR A15 (4) 20M 1/65

